



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
12055 Government Center Parkway, Suite 801
Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications


APPLICATION No: _____
(Staff will assign)

RECEIVED
Department of Planning & Zoning

JUN 26 2014

APPLICATION FOR A SPECIAL PERMIT
(PLEASE TYPE or PRINT IN BLACK INK)

Zoning Evaluation Division

APPLICANT	NAME	Steven R. Decker	
	MAILING ADDRESS	5316 Pillow Ln Springfield VA	
	PHONE HOME ()	WORK ()	22151
	PHONE MOBILE ()	703-924-8065	
PROPERTY INFORMATION	PROPERTY ADDRESS	5316 Pillow Ln. Springfield VA 22151	
	TAX MAP NO.	SIZE (ACRES/SQ FT)	
	79-2-03-14-0014	10,800 sq	
	ZONING DISTRICT	MAGISTERIAL DISTRICT	
R-3	BRADDOCK		
PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A			
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION	8-914	
	PROPOSED USE TO PERMIT REDUCTION IN MINIMUM YARD REQUIREMENTS BASED ON ERROR IN BUILDING LOCATION. TO PERMIT ADDITION 8.4 FEET FROM SIDE LOT LINE		
AGENT/CONTACT INFORMATION	NAME	STEVEN R. DECKER	
	MAILING ADDRESS	5316 Pillow Ln. Springfield VA. 22151	
	PHONE NUMBER	HOME	WORK
	PHONE NUMBER	MOBILE	703-924-8065
MAILING	Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact		
<small>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</small>			
Steven R. Decker			
TYPE/PRINT NAME OF APPLICANT/AGENT		SIGNATURE OF APPLICANT/AGENT	

DO NOT WRITE IN THIS SPACE

Date Application accepted: _____ Application Fee Paid: \$ _____